

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5	1					
6	1					
7	1					
8		8				
9						
10	1					
11		8				
12		1				
13						
14		8				
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46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	13	1	1	1	1	1
TOTAL CLAIMS	62					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								